

Montana Medicaid - Fee Schedule

Home Infusion Therapy

April 1, 2004

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

SH = second concurrently administered therapy. Allowable amount is 80% of base fee.

SJ = third or more concurrently administered therapy. Allowable amount is 75% of base fee.

Space: indicates modifiers are not applicable to these codes

Description – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee for listed code

Medicare: Medicare-prevailing fee for listed code.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

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Proc	Description	Effective	Method	Fee	Fee with Modifier SH	Fee with Modifier SJ	PA
S9326	HIT CONT PAIN PER DIEM	4/1/2004	FEE SCHED	\$105.00	\$84.00	\$78.75	Y
S9327	HIT INT PAIN PER DIEM	4/1/2004	FEE SCHED	\$105.00	\$84.00	\$78.75	Y
S9328	HIT PAIN IMP PUMP DIEM	4/1/2004	FEE SCHED	\$120.00	\$96.00	\$90.00	Y
S9330	HIT CONT CHEM DIEM	4/1/2004	FEE SCHED	\$150.00	\$120.00	\$112.50	Y
S9331	HIT INTERMIT CHEMO DIEM	4/1/2004	FEE SCHED	\$150.00	\$120.00	\$112.50	Y
S9336	HIT CONT ANTICOAG DIEM	4/1/2004	FEE SCHED	\$105.00	\$84.00	\$78.75	Y
S9338	HIT IMMUNOTHERAPY DIEM	4/1/2004	FEE SCHED	\$75.00	\$60.00	\$56.25	Y
S9346	HIT ALPHA-1-PROTEINAS DIEM	4/1/2004	FEE SCHED	\$125.00	\$100.00	\$93.75	Y
S9347	HIT LONGTERM INFUSION DIEM	4/1/2004	FEE SCHED	\$125.00	\$100.00	\$93.75	
S9348	HIT SYMPATHOMIM DIEM	4/1/2004	FEE SCHED	\$115.00	\$92.00	\$86.25	Y
S9349	HIT TOCOLYSIS DIEM	4/1/2004	FEE SCHED	\$125.00	\$100.00	\$93.75	
S9351	HIT CONT ANTIEMETIC DIEM	4/1/2004	FEE SCHED	\$125.00	\$100.00	\$93.75	Y
S9355	HIT CHELATION DIEM	4/1/2004	FEE SCHED	\$125.00	\$100.00	\$93.75	Y
S9359	HIT ANTI-TNF PER DIEM	4/1/2004	FEE SCHED	\$106.00	\$84.80	\$79.50	Y
S9363	HIT ANTI-SPASMOTIC DIEM	4/1/2004	FEE SCHED	\$125.00	\$100.00	\$93.75	Y
S9365	HIT TPN 1 LITER DIEM	4/1/2004	FEE SCHED	\$225.00	\$180.00	\$168.75	Y
S9366	HIT TPN 2 LITER DIEM	4/1/2004	FEE SCHED	\$230.00	\$184.00	\$172.50	Y
S9367	HIT TPN 3 LITER DIEM	4/1/2004	FEE SCHED	\$235.00	\$188.00	\$176.25	Y
S9368	HIT TPN OVER 3L DIEM	4/1/2004	FEE SCHED	\$250.00	\$200.00	\$187.50	Y
S9374	HIT HYDRA 1 LITER DIEM	4/1/2004	FEE SCHED	\$34.00	\$27.20	\$25.50	
S9375	HIT HYDRA 2 LITER DIEM	4/1/2004	FEE SCHED	\$40.00	\$32.00	\$30.00	
S9376	HIT HYDRA 3 LITER DIEM	4/1/2004	FEE SCHED	\$46.00	\$36.80	\$34.50	
S9377	HIT HYDRA OVER 3L DIEM	4/1/2004	FEE SCHED	\$60.00	\$48.00	\$45.00	
S9379	HIT NOC PER DIEM	4/1/2004	BY REPORT	BR	BR	BR	Y
S9490	HIT CORTICOSTERIOD PER DIEM	4/1/2004	FEE SCHED	\$125.00	\$100.00	\$93.75	
S9497	HIT ANTIBIOTIC Q3H DIEM	4/1/2004	FEE SCHED	\$150.00	\$120.00	\$112.50	Y
S9500	HIT ANTIBIOTIC Q24H DIEM	4/1/2004	FEE SCHED	\$125.00	\$100.00	\$93.75	Y
S9501	HIT ANTIBIOTIC Q12H DIEM	4/1/2004	FEE SCHED	\$140.00	\$112.00	\$105.00	Y
S9502	HIT ANTIBIOTIC Q8H DIEM	4/1/2004	FEE SCHED	\$140.00	\$112.00	\$105.00	Y
S9503	HIT ANTIBIOTIC Q6H DIEM	4/1/2004	FEE SCHED	\$150.00	\$120.00	\$112.50	Y
S9504	HIT ANTIBIOTIC Q4H DIEM	4/1/2004	FEE SCHED	\$150.00	\$120.00	\$112.50	Y
S5498	HIT SIMPLE CATH CARE	4/1/2004	FEE SCHED	\$10.00			
S5501	HIT COMPLEX CATH CARE	4/1/2004	FEE SCHED	\$15.00			
S5502	HIT INTERIM CATH CARE	4/1/2004	FEE SCHED	\$15.00			